To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
· Anne Sayers	anni Dayers	Street: 6546 Doral Circle City: Madison, WI zip: 53719	Town Utillage the madison	11 /15/20 11 (Month) (Day) (Year)
Diane Walder	Droe Wuder	Street: 926 Nancy Le City: Wadeshe Zip:53704	Town Village Wadism	(1 /18/20 <u>(+</u> (Month) (Day) (Year)
Mary low shatt	myland	Street: /22 West minst	□ Town □ Village □ City Ane	///5/20// (Month) (Day) (Year)
Tyson Roessler	hyson Rocules	street: 5003 Meadow side Ln City: Waynakee zip: 53597	Town Uillage City Vienna	// /5/20// (Month) (Day) (Year)
Greq L. Markus	Gy L. Wah	Street: 614 7th ST City: WALLA KEE W Zip: 5359	Town Woundkee The City Village Center	(Month) (Day) (Year)
MARCIAL. ZIMMER	Moreun Beson	City: DEFOREST WI Zip: 53532	□ Town □ Village OFFOREST □ City	11 /15/2011 (Month) (Day) (Year)
Jim Henning	1. Ly	City: Warnakar W/ Zip: 53597	Town Wundher	///5/2011 (Month) (Day) (Year)
CORTNEY KITTUESC	i Cortzlu'Hen	Street: 824 Johnson st. City: Stoughton wil zip: 53589	Town Village Stonghton	11 / 15/2011 (Month) (Day) (Year)
CHEIS MAYCHRZAK	Chilli	Street: 221 N. 5th St. City: MADISON, WI Zip: 53704	Town Village Scity MADISON	/15/201/ (Month) (Day) (Year)
O. ALBERT L. BURGUS	albert L. Burgus J.	Street: 6410 LANI LA. City: MCFARLAND Zip: 53538	Town MC FARLAND	// /15/20 II
Julie A. Crai		of Circulator ify): I reside at 110 Edna Co	nrt Maa	USON
(Name of Circumally circulated this recall petition and personally ob	tained each of the signatures on this paper. I know that t	(Circulator's Residence – Street name an the signers are electors of the jurisdiction or district represented by the residences given I support this recall petition. I am aware that falsify	officeholder named in this petition. I know t	Municipality) hat each person signed .13(3)(a), Wis, Stats.

(Signature of Circulator)

(Year)

(Month)

(Day)

Page No. (Official Use Only)

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Phone Email

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Patricia Devine	Satisfice Device	Street: 513 S. Walker Way Cit Stee Frague 101 zip: 5359	Town Village Stee Provide	11 /15/20/1 (Month) (Day) (Year)	Ema
Patricia G. Hibbard	gas Hobard	Street: (0220 Balzer Rd City: Warnaker WI zip: 53597	Town Village City Wastport	// //5/20// (Month) (Day) (Year)	Pho
JOHN C DOUCETTE	Joh Court	Street: 319 LIBENTY LA City: POYNETTE WI Zin 53955	Town Poylette	///3 [†] 20 <u>//</u> (Month) (Day) (Year)	Pho
Keith Padnick	Koul Pobush	street 2300 Luphe Road City: Wausau, WI Zip: 54401	Stown City Rib Mountain	(Month) (Day) (Year)	Pho
Tou YANG	Jallan	Street: 7113 BELLE FONTAINE BUD City: MIDDLE TON, WI Zip: 53562	Town Village MIDDLE TIN	11 //5/20[[(Month) (Day) (Year)	Pho
"RAFFI MESDIVAN	half	Street: 5546 CTH CC City: OREGON, WI Zip: 535%	Uvillage ORBGON	1/ //5/20 <u>//</u> (Month) (Day) (Year)	Pho
Douglas Pahl Jr	DPAHL	Street: 4418 OAK COURT City: MONDING WIF Zip: 53716	Form City M MONDE	11 /19/20/1 (Month) (Day) (Year)	Pho
8. Julie Hagen	Julie Hagen	Street: 931 Red Tail Ridge City: Oregon, W1 zip: 53575	Town Willage Orlgon	11 /15/2011 (Month) (Day) (Year)	Pho
9. Cary Com	Har Hon	Street: 121 5 Hancock St. Apt. 8C City: Mad. Son WI Zip: 53703	Town Village City Mad 50	(Month) (Day) (Year)	Pho
10. Brittalny Pietrantonio Davis	Prittans St	street: 933 Spaight St #4 City: Madison WI zip: 53703	Town Village Rad 15 ON	11 /15/2011 (Month) (Day) (Year)	Ema Pho
/ 1.1.i. A 1.~	Certification	of Circulator	Mad.	•	

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes

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mx Rapoir	MAX ROGO!	street: 621 A Sherman Al	Town Village MadiSo	(Month) (Day) (Year)
ARREL WALDERA	Darrel Waldera	Street 5 BOB SMITH RIDGE PD. CITY MC FARLAND, WI Zip: 535TB	Town Scillage City Mc FARLAND	///5 [†] 20 <u>//</u> (Month) (Day) (Year)
Sudith Ohm	Judith Ohm	street: 2706 Van Hise Ave. City: Madison, WI zip: 53705	Town Village City Madison	1 (/5/2011 (Month) (Day) (Year)
Martha Makholn	n Matha Molhola	Street: 1801 Winchester St. City: Madison WI zip: 53704	Town Uvillage City Major	// //5 / 20 <u>//</u> (Month) (Day) (Year)
Adam De Weese	- Oddin J	Street: 5022 Sheboyfan Ale. City: Madison, LJ zip: 5,2705		//5/20 <u>1)</u> (Month) (Day) (Year)
Stave Bolssen	Stevendon	city: McFarland WI zip:53558	Town City McFarland	(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
. • • • •		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
\ \ \ \ \ \	Certification	of Circulator	11 - 1	-
(Name of Circi	ulator)	tify): I reside at(Circulator's Residence - Street name and the signers are electors of the jurisdiction or district represented by the		

(Month)

(Day)

(Year)

esidence – Street name and Number)

(Circulator Municipality)

nor district represented by the officeholder named in this petition. I know that each person signed exition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL		CICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.	
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BRYAN ROYSTON	Bujan Royatis	Street: 3221 GERALD ST City: MADISON, WI zip. 53704	Town Village MAD/SDA	11 /15/20_11 (Month) (Day) (Year)	Email Phone
Andrew Savagian	Arder Savagian	Street: 1009 Monica Lane City: Madison WIZID 3704	Town Village Madison	(1 /5 20 11 (Month) (Day) (Year)	Email Phone
NARGO SIMPSON	Margo Gimpson	street: 132 E. Wilson # 810 city: Madison W1 zip53703	Town Village City Madison	///5 20// (Month) (Day) (Year)	Phone
Elemon Opparecht	Elean Oprodit	Street: 289/ BRISDOL RD City: R10, W Zip: 83960	Town Brisdol	(Month) (Day) (Year)	Email Phone Email
Alissa Kendall	akendell	Street: 3622 Herminast City: Modison Celzip: 53714	Town Willage Medison	(Month) (Day) (Year)	Phone
LINDA Piefer	Birdn Liefer	Street: 732 Struck St. #106 City: MADISON, WI Zip: 53711	Town Village Made Son	(Month) (Day) (Year)	Email, Phone Email
CAROL MCURRY	Caroll Curry	Street: 2809 Oakridge Ave City: Madism, Wis zip: 53704	Town Village Madism	(Month) (Day) (Year)	Phone
3.		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Phone
).		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
Julie A. Cra	Certification \mathcal{U}	of Circulator ify): I reside at 100 Edna Com	rt Madi	56r	Cir

	10.		Street:	Zip:	□ Town □ Village □ City	/ /20_ (Month) (Day) (Year)
	Valia A Co	Certification	1	10 Edna	Court	Madison
I, _	(Name of Co	culator)		rculator's Residence – Stre	et name and Number)	(Circulator Municipality)
the	esonally circulated this recall petition and personally caper with full knowledge of its content on the date	obtained each of the signatures on this paper. I know that indicated opposite his or her name. I know their respective	e residences given. I suppor	This recall petition. I am awar	e that falsifying this certification	on is punishable under S.12.13(3)(a), Wis. Stats.
_	$\frac{1}{\text{(Month)}} / \frac{1}{\text{(Day)}} / \frac{20}{\text{(Ye)}}$	r) / //////	(Signature of Circula	or)		Page No. (Official Use Only) # \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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1. Michael A. Miller	Marin a Milly	Street: Z57 Dunning St. City: Madison, WI zip: 53704	□ Town □ Village City City	11 /15/2011 (Month) (Day) (Year)
2. Amy E. Anderson	Swep D	city: Middleton, WI zip: 53562	Town Village Widdleton	
Barbara D. Honsa	Darbara D. Horsa	Street: NYISS French Rd. City: Freedom wi zip: 54913	City Freedom	
Maureen & Molaville	Machelleland	city: Deforest WI zip: 55532	H. Town Willage City Wolovest	
LAURA CHERN	Laura Chern	city: Madison WI zip: 53704	Town Village Madison	(Month) (Day) (Year)
Jennie Mauer		Street: 1223 Jenifer St-#1 City: Madison WI zip: 53703	Town Village City	\
7. Hugo Reynolds	1	Street: 214 N. Brearly City: Madson WI zip: 53703	Town Village SkCity Madison	(Month) (Day) (Year)
Raymord Mejra	Laynor AMy	Street: 121 Water St. City: Ladi NI zip: 53555	Town Village City Lod	// //5/20// (Month) (Day) (Year)
Constance M. Chesnik	Custure A. Chamh	Street: 9709 Sandhill Ruad City: Middleton W zip: 53562	Town Village Madison	11 /15/20_11 (Month) (Day) (Year)
10. Cristi Carlson (Justi Conlor	Street: 3813 Tulone Ave City: Madison WI zip: 53714	Town Willage Medisa	11 / 15 / 20 11 (Month) (Day) (Year)
Julie A. Ciraia	Certification (110 Falon (a	urt Madis	ion
	ntor) ined each of the signatures on this paper. I know that the	fy): I reside at Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifying (Signature of Givenlator)	d Number) (Circulator I officeholder named in this petition. I know the ng this certification is punishable under S.12.	Municipality) hat each person signed 13(3)(a), Wis. Stats. Official Use Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

PRINTED NAMES OF ELECTORS			VOTING	
	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
JIII Slain	a lie Dain	Street: 506 Blaine St. City: Edgerten, WI zip: 53534	□ Town □ Village □ City □ Colyector	(Month) (Day) (Year)
TIFFANY BOYD	Tiffy m Pa	street: 4109 Buckeye Rd 53716 City: Madison, WI zip: Ver	□Town □ Village 「City Madisan	11 /15/2011 (Month) (Day) (Year)
Jubar: A.H. King	John LA Kon	Street: 506 5. M. dr. 125 City: Midlen WT zip:53711	Town Village Madison	(Month) (Day) (Year)
JAMES BAUMANN	James Baumann	Street: 5218 Fairway D1. City: Madison W1 zip: 53711	□ Town □ Village Madison □ City	// /15/20// (Month) (Day) (Year)
Keri Behm	Kri Beh	Street: 4510 Surrey Cir City: Madison WI zip: 53704	Town Village PCity Madison	// /15/20// (Month) (Day) (Year)
Jeralun Waches	Jady Hagles	Street: 1105 Calby St. City: Mad Son (2) zip: 53715	Town Utillage City Madi	(Month) (Day) (Year)
Diana Glodosk	Siane Blodoski	street: 3530 Concord Ave	Town Village City Wedi Son	11/15/2011 (Month) (Day) (Year)
James F Hudson	Jena & Adam	Street: 902 Swarthmore Court City: Madison WT Zip: 53705	Town Sevillage Shorewood Hills	(Month) (Day) (Year)
Gayle Walsworth	o an Lewson	Street: 1735 Jeniferst City: Madison zip: 53703	Town Wadison	(Month) (Day) /2011 (Year)
Robert Timm	Part Timm	Street: 1430 Williamson #2 City: Mydison Wi zip: 53703	Town Uvillage City My 41501	// //5/20// (Month) (Day) (Year)

	JAMES	BAUMANN	James Danmann		Village Nacison	/ / 20	Phone
	JAMAS	PAUMINO	Junes Season access	City: Madison W/ Zip: 53711	City	(Month) (Day) (Year)	(
5.	Kori	Balom	Ki Bula	Street: 4510 Surrey Cir	Town Village Madison	// /15/20 // (Month) (Day) (Year)	Email Keri
6.	Nei	Devini	RU DUU-	city: Madison WI zip: 53704	, , , (betset		Email-
0.	1	(((1.12.	Street: 1105 Calby A	☐ Town ☐ Village ☐ Town	(Month) (Day) (Year)	Phone
<u> </u>	-Jetali	in Nucles	Jacky Naglas	city: Mad son (w) zip: 537(5	XCity Madizon	(Month) (Day) (Year)	(
7.	Piac	nz Glodos		Street: 3530 Concord Ave	□ Town □ Village	11/15/2011	Email
		e de la companya dela companya dela companya dela companya de la companya de la companya de la companya dela companya de la companya de la companya de la companya dela comp	Drave Blodoski	city: Madison W zip: 537-14	acity WediSon	(Month) (Day) (Year)	Phone (
8.		C th.la	1. M. S. M. 1	Street: 902 Swarthmore Court	Town Shorewood Hills	11/15/20/1	Email jh vo
	James	. F Hudson	years of Ardam	city: Madison WI Zip: 53705	City	(Month) (Day) (Year)	Phone (
9.	Can do.	oleon work	A And A	Street: 1735 Jeniferst	Town Wallage Madison	11 /15/2011	Email
	Plans.	Moremorta	6 mx on o	city: Madison zip:53703	City 1 (WWS011	(Month) (Day) (Year)	Phone (
10.	Rah	at T	01	Street: 1430 Williamson #2	□ Town □ Village	11 /15/20/1	Email
	Noven	11 /IMM	MALI LIMM	City: Misdison Wi Zip: 5770;	City Mayison	(Month) (Day) (Year)	Phone (
	1	2 Λ Λ	Certification	of Circulator	A 4 A		
I,	<u>Julie</u>	A. Crai		rtify): I reside at 110 Edna Con	rt Mad	ison	Circulato
I persona	Ily circulated this reca	<i>Name of Circu</i> Ill petition and personally obt		(Circulator's Residence – Street name ar t the signers are electors of the jurisdiction or district represented by the			Phone
				e residences given. I support this recall petition. I am aware that falsify			Email
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SCOTT WALKER RECALL PETITION

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.		1
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WAYNE R. RINGOUIS	- Wayne R. Riggwof	Street: 1014 PAINTED POST DR City: Mad 150N Wt 21p:53716	Town Village Mack SON	1//5/20	Email Phone	
Dana L. Dennis	Dana L. Dennis	street: 5416 Lani La City: McFarland WI zip: 53558	Town Willage McFarland	///5/20// (Month) (Day) (Year)	Email Phone	
Megan Christian	men chish	Street: 115 S. Franklin St. #301	Orion Madison	(Month) (Day) (Year)	Email Phone	_
EAH JEPSON	Jun 765	street: 622 E. Burleigh St. City: Milwauxee, W) zip: 53212	O'Town O'Village Mi) wankee	11 /15/2011 ~ (Month) (Day) (Year)	Email Phone	_
Jessica Hawkey	Sporicu Hawlay	street: 100 Bowman St. City: Brooklyn, Wl zip: 53521	Town Village BYOOKLYN		Email Phone	_
Susan Hannigan	Sundy Hang	street: 2018 Barber &r City: Stoughton WI zip: 53589	Town Village City Vunn	1/ //5 /20// (Month) (Day) (Year)	Email Phone	_
SAMUEL HOKIN	Samuel Holein	street: (151 Dutledge St. City: Madison W1 zip: 53703	Drown Willage Madison	11 /15/20 <u>//</u> (Month) (Day) (Year)	Email Phone	
Morgan Dixon	Mgru M. Jeson	Street: 131 E. JOHNSON ST. APT Z City: MAD (50N (1)) zip: 53703	Town Village City MAN (50)	(Month) (Day) (Year)	Email Phone	_
Villiam C. Koval	William Thurst	city: Madison WI zip. 5376	Town Village WadiSON	// 15/20// (Month) (Day) (Year)	Email Phone	_
asey) Carlson	Mar	Street: 308 PAIKWOOD IN #16 City: Mali Sph zip: 53714	Town Village City Max(Son	(Month) (Day) (Year)	Phone (_

(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. Page No. (Official Use Only) (Signature of Circulator)

Circulators, pl

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1. Brent Uelmen	Bront Uelmon	street: 13 Williams Circle City: Madison W\$ zip: 53719	Town Village Madison	11 /15/2011 (Month) (Day) (Year)	Phone (
2. Patrick Souly	Pay 5-9	Street: 102 Knutson Nr City: MADISONU. Zip: 53704	Town Uvillage City MBD1507	// /5 20 1/ (Month) (Day) (Year)	Phone (
Richard Fairchild	Pint Till	street: 1706 Sachtjen St City: Madison Zip: WT	Town Willage Madison)	Phone (MS)
Robert Luck	Robotul	Street: 5226 Dorsett Dr City: Madison WI zip. 53711	Town Village Moduson WJ	11 /15 2011 (Month) (Day) (Year)	Phone (608)
Noah Balgoogen	W/W	Street: 102 E Gorhan St City: Madison WI zip: 53783	Town Uvillage Madison WS	1 / / \$\sqrt{20_11} (Month) (Day) (Year)	Phone (
Amy Staffen	any Staffer	Street: 3813 Euclid Avenue '= City: Madison Zip: 53711	Town Village Made Sin	H /15/2011 (Month) (Day) (Year)	Phone (
7. Rebecca faulson	Relucca Pauls	Street: 2013 E. Mifflin St. City: Madison, WI Zip: 53704	Town Village Madison, W		Phone (
Joanna Griffin	Joanna Oll	Street: 221 N 7Th St City: Madison, WI zip: 53704	Town Village Madison	11/15/2011 (Month) (Day) (Year)	Phone (
Carrie Morgan	Cami Morga	Street: 4317 Travis Ter City: Madison, WI zip: 53711	Town Village Madison	/\	Phone (
Don Hoams	Don Horn	Street: S. 7107 Hing D City: Laganville WI zip: 53943	Town Utillage West & Leso	(Month) (Day) (Year)	Phone (
) , A A	. Certification	of Circulator			

Larrie Morgan	Cami Moga	city: Madison, 1	WI zip: 53711	acity Madison	(Month) (Day) (Year)
Don Heams	On Horn	Street: S. 7127 Has	N zip: 53943	M Town Village We3 + & (e) 0	(Month) (Day) (Year)
1	, Certification	on of Circulator	- ^		
Julie A. Cra	$i \circ j$	certify): I reside at	Edna Coru	-+ Mac	dison
(Name of Circula	,	V =	's Residence – Street name an		tor Municipality)
personally circulated this recall petition and personally obtain the paper with full knowledge of its content on the date indica					
$\frac{\cancel{\cancel{\text{Month}}}}{\cancel{\cancel{\text{Month}}}} / \frac{\cancel{\cancel{5}}}{\cancel{\cancel{\text{Day}}}} / \frac{20\cancel{\cancel{\text{Year}}}}{\cancel{\cancel{\text{Year}}}}$	_ <u></u>	(Signature of Circulator)	}	Page N	O. (Official Use Only)
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Article XIII, Section 12 of the Wisconsin Co	onstitution and S.9.10 of the Wisconsin Stat	cutes.				PO
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1. Richard	6121	Street: 14 BerkleyCircle	□ Town □ Village	11/15/20/1	Email Phone	
Brahmer	the 13hr	City: Ma Vison WI zip: 537/9	Weity MadisonWi	(Month) (Day) (Year)	()_
2.	Ou-	Street: 110 S ZND ST # 202	□ Town □ Village	11/15/20/1	Email Phone	
LOPI STECKERVETZ	Sen	CHY: MADISON WI Zip: 53704	City MADISON	(Month) (Day) (Year)	()
3. Jonathon	Santhan 1	Street: 750 Erzelhart Do	□ Town □ Village	11/15/20/1	Email Phone	
Young Engle	14-24	city: Madison W1 zip:53713	Scity Madison	(Month) (Day) (Year)	(
4.	Mark Comments	Street: 602 W. Avalon Rd	ØTown □ Village	11/15/2011	Email Phone	
Meta Cucinotta	I Mullwall	city: Columbus WI zip: 53925	City Columbus	(Month) (Day) (Year)	()
5. Took O Process	A DOM CONTRACTOR	Street: 625 BASSWOW AVE	Trown FAONA	N /15/20 <u>1)</u>	Email	
JACK RUSSELL	1 when some	city: UEPUNA zip: 53593	City V HWILA	(Month) (Day) (Year)	Phone ()
6. 12 1 1 26	B M	Street: 141 S. Hancock St. Apt. 2	Town Village Madison	11 /15/20/11	Email	
15 randon Lewis	13-6-6	City: Madison, WI zip: 53703	City / / acc	(Month) (Day) (Year)	Phone ()_
7.	1111	Street: 417 CLEMONS AVE	□ Town □ Village A	11/15/2011	Email	
1. TRICK GRANT S.	tal ligar	City: MADISON WI Zip: 53704	Village MAOISON	(Month) (Day) (Year)	Phone ()
8.		Street: 121 & Hancock St #GC	□ Town	(1/15/2014	Email	
Blex Idabrica	11/1/3	City: Madison WI zip: 53703	Village Madison	(Month) (Day) (Year)	Phone ()
Sam Kanson-Bengnav	San Was	Street: 175. HUNCOCK St #3	□ Town □ Village A A	11/15/2011	Email	
Will Wallot! Detrollare		city: Madt 800 Wi zip: 53703	City Mad ism	(Month) (Day) (Year)	Phone ()
10.		Street: 3930 DENNETT DR.	□ Town □ Village	11/5/2011	Email	
GREGORY STRAUS (Clare Thank	City: MADISON, WI Zip: 53714	TCity MADIGON	(Month) (Day) (Year)	Phone ()
Julia N Onasa	Certification of		1- 11-11	~ * 6 30		
Julie A. Craia	. (cert	ify): I reside at 110 Edva Cour	+ Madis	<i>301</i> 1	a: I	·

(Name of Circulator) (Circulator's Residence – Street name and Number) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. Page No. (Official Use Only) (Signature of Circulator)

(Month)

(Day)

(Year)

Circulators, plea

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.	Mad
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Lindsay Jacobson	Lindsay Jacobson	street: 1030 Jenifer St Apt 2	Town Walson		Phone (606) 6
2. Katie McMahan	Katte Nu Mahu	street: 614 W. Olin Ave #2 City: Madison WI zip: 53715	Town Village MadiSon	11 /15/2011. (Month) (Day) (Year)	Email Phone ()
3. SOUBARD PAGE	Barbara Page	Street: 4618 BUNKER HILL IN City: Madison Lill zip: 53704	Town Village // JDISON	11 /16/20 11 (Month) (Day) (Year)	Phone ()
Lora J. Waddell	Lora Waddell	Street: 106 W. Reynolds St City: Cottage Grove zip: 53527	Town Willage Cottage Grove	11 /15/2011 (Month) (Day) (Year)	Phone (608)
Thomas Cichosz	Fla	Street: 4805 Dupin MIII Rd #1 City: Madison WI Zip: 53716	Town Village Hudison	11 / 15 20 11 (Month) (Day) (Year)	Phone ()
Theresa L. Daggett	The Laggett	Street: 10 Eastridge Ct City: Madison WI zip: 53716	Town Village Madison	11/15/20_11 (Month) (Day) (Year)	Phone ()
Claudia B. Campbell	1 March Stemmer	Street: 33 Pond View Way	Town Village Fitchberg	(Month) (Day) (Year)	Phone ()
ORLANDO RIOS	Chlando Rios	Street: 3630 NOVICK BRIVE City: MADISON WI Zip: 53704	□ Town □ Village ☑ City MADIŞON	///5/20// (Month) (Day) (Year)	Phone (608)
9. STEVE WOLDT		Street: 16315. W HOLT RD City: BROOKLYN W) Zip: 53521	Darwn Uvillage Octy	///S/2011 (Month) (Day) (Year)	Email Phone
		Street: 4318 Mandrake Road	□Town	11 /15/2011	Email

1	۸	Λ	Certification of Circulate	or			4/ 4 >
Julie	A.	Craig	, (certify): I reside at	110	Edna	Court	Madison
,		(Name of Circulator	•)	(Circulator'	s Residence – Street	name and Number)	(Circulator Municipality)
personally circulated this r	ecall petition	and personally obtained	leach of the signatures on this paper. I know that the signers are elec	tors of the jurisdi-	ction or district represe	nted by the officeholder n	amed in this petition. I know that each person signed
he paper with full knowleds	ge of its cont	ent on the date indicated	opposite his or her name. I know their respective residences given. I	support dis reca	ll petition. I am aware	that falsifying this certifica	ation is punishable under S.12.13(3)(a), Wis. Stats.
11 /	15	/20 //	Delil U	Mu	15		Page No. (Official Use Only)
(Month)	(Day)	(Year)	(Signature of	Circulator)	U		# 1310

Circulators, plea

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY U	SED FOR MAILING PURPCSES, WHEN DIFFERENT THAN MUNICIPALIF THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison, WI
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
Print: ALICE MSHUMAN-	Street: 5010 High Land Hoog	☐ U Town	11/15/2011	Email
Sign Alle M. Shuman John	MCFARLAND, WI53558	(Municipality Name)	// /5/20	Phone ()
Print: Hilary Carroll	Street: 3805 Tulane Ave.	☐ Town ☐ Village ﴿City	(1 /15/2011	Email
Sign: A S	city: Madison zip: 53714	(Municipality Name)	(Month) (Day) (Year)	(608)
7.	Street:	☐ Town ☐ Village ☐ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone ()
4. Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone (
5. Print:	Street:	□ Town □ Village □ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone ()
Julie A Crain	Certification of Circulator certify): I reside at 110 Edna Cown	- Madisi	n	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under \$1.2.13(3)(a), Wis. Stats.

(Circulator's Residence - Street Name and Number)

(Month) / 15 /20 // Signature of Circulator) (Year)

(Printed Name of Circulator)

Page No. (Official Use Only)
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(Circulator Municipality)

Circulators, Please include your cor

Phone

Email

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.				
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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Vancie Sanford sign: Mary Mond	Street: 2533 Hoard St City: Madison, W1 zip: 53704	Town Village City (Municipality Name)	11 / 1572011 (Month) (Day) (Year)	Survey Phone
2. Print: Bryn Cory Sign: Bryn Cory	street: 200 E Lakeview Ave city: Madison zip: 53716	Town Village City MadiSov (Municipality Name)	U / 15/2011 (Month) (Day) (Year)	Phone ()
3. Print: Nancy Preckschmidt sign: Nancy Declaretmidt	street: 2826 Milwaukee St.	□ Town □ Village Scity Madi Sov (Municipality Name)	11 /15/2011 (Month) (Day) (Year)	Jeanly Phone Yol
4. Jamuna Shrosta Min Jamuna Shrota Sien Roger Dagen	14 Merhlom DV street: Modison w I,53705 306 S. Basselt St city: Madson zip: 53703	Town Sillage City (Municipality Name)	/ /5 /20/1 (Month) (Day) (Year)	Phone Y-608)
5. PrintSTEPHEN MIKESELL Sign: Steph L. Mostall	JY MERLHAM DR Street: City: MADISON Zip: 53705	Town Village City (Municipality Name)	/\ /15/2011 (Month) (Day) (Year)	Villag Phone
	Certification of Circulator		4.	
I, herese W. (Terri) Gregory (Printed Name of Circulator)	(Certify): I reside at 840 Burr Oak Lane (Circulator's Residence – Street Name and Nu	mber) 10wn of Mai		Circulators, Please include your cor

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recall petition. I am awar	e that faisifying	this certification is pur	ushable under 3.12.13(3)(a), wis. stats.	
November 1	15 (Day)	/ 20 11 (Year)	(Signature of Circulator)	Page No. (Official Use Only) # 13 12

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article XIII, Section 12 of the Wisconsin Co	nstitution and S.9.10 of the Wisconsin State	utes.			PO I	
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Chuck Tour Yang	che Intry	Street: 10 Book Ct City: Madison, WI zip: 53713	Town Village McLison	(Month) (Day) (Year)	Email Chuck 10 Phone (608)	
Kazona Lor	Vagora Ta	city: Madison, w1 zip: 53713	Town Utillage City Madison		Email Lock gen Phone (b08) 5 Email	
Karen Garholt	Karen Hurhol	City: Mashoon Zip: 5370	Town Utillage White Madeson	///\$20(Month) (Day) (Year)	Phone ()	
Robert E. Gross	Robert E. Crays	City: Lake Mills, WI zip:53551	Town Village Cake Mills	// // \$ / 20 <u>//</u> (Month) (Day) (Year)	Phone ()	
MERIDITH MVELLER	Mendoth Mulh	Street: 1943 N. Summit Age #38 City: Milwaukee W/ 20: 33292	Town Village Will Waulle	// //5/20_// (Month) (Day) (Year)	Phone ()	
6. Jerry Hagen	Juny Has	Street: ZIII S. Whitney Way City: Madison WI zip: 53711	□ Town □ Village ☑ City Madison	(Month) (Day) (Year)	Phone ()	
TIMETHRUPINSKI	Justing Rywali	Street: 1630 FURDEM AVE. 210 City: MAP150N, W1 zip: 53704	□Town □Village MAO135N Betty	(Month) (Day) (Year)	Email Phone ()	
8. Jennifer R. Hanson	Jennifo R. Honson	Street: 1414 Mayfield In. City: Modisin, WI zip: 53703	Town Village DCity Town	11/15/20 ¹¹ (Month) (Day) (Year)	Email Yennyro. Phone (608)	
Chongyu Hua	choan than	Street: 2813 Osmundsen Rd City: Fitch burg WI zip: 5 3711	O'Village Fitchburg	11/15/20 <u>11</u> (Month) (Day) (Year)	Email Phone ()	
Kathley Lemanski	lattle downt	Street: 3145. Yellawstone O- 42 City: Mydison 21p. 53705	Town Village Madison	// ///20// (Month) (Day) (Year)	Email Phone	
Certification of Circulator						

			City: // 4(1/50)	Zip: J J/C		
<u> </u>	. A A A	Certification	n of Circulator	2 0	0 D	
PATRICIA	4 MARNDOR	ZFEN, (ci	ertify): I reside at3148	BUL RUN	Sun Prai	RIE
	(Name of Circulator)		(Circulator's Re	sidence – Street name and Numl	ber) (Circulator Mi	unicipality)
		each of the signatures on this paper. I know the pposite his or her name. I know their respects				
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(Month)	(Day) (Year)		(Signature of Circulator)		1 #12/3	1

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1. Betty Hac Ewen	Setty machine	Street: 1805 Van Hise Ave	□ Town □ Village ☑ City Madison	11/15/2011	Email Phone	
	,	City: Mardison Zip: Det 537	图City Madisan 26	(Month) (Day) (Year)	Email ()
2. 1 A 16	Compan ON No	Street 938 Hubbell St	□ Town	11 / 15/2011	Phone	
EmmaCollins	ennille (). Glub	City: Marshall zip: 53559	"City Marshall	(Month) (Day) (Year)	Email)
3. Shal RII	TIPR 11	street CG3 Hogan Rd	D Town Village City	11/15/20_	Phone	
Medalallusq	Sitt (allie	bush unakee (DI zip. 5351)	ocity barrage	(Month) (Day) (Year)	Email ()
4.	000-1	Street: 7410 NORTH PASS	☐ Town ☐ Village	11/15/20/1	Phone	
SANDIEAD SCHWIDT	Sand & Schnitt	City: MADISON W/ Zip: 53719	XCity MA DISON	(Month) (Day) (Year)	(
5. / Do	Ph. 17	street: 3813 Bass Lane	Town	11 /15/20/11	Email	
Shery/Remy	Sherel Remes	City: CoHago Grave Wi zip 53527	City CoHage Orone	(Month) (Day) (Year)	Phone (_)_
6.	DAM	Street: 708 Reis Drive	□ Town ☑ Village	11 /15/2011	Email	
PANIEL LOFBL	11111	city: M7 Hores zip: 53572	City M7 Hores	(Month) (Day) (Year)	Phone ()
7.	1 1/2	Street: 205 Walter St	☐ Town ☐ Yillage	11/15/2011	Email	
Carol Hassler	In/m	City: Mad 1301 : zip: 53714	Xiv Madson	(Month) (Day) (Year)	Phone ()_
8.	,	Street: N7128 Huy 69	Town WASHINGTON	11/25/20_11	Email	
NANCY STOUT	Nancy Stews	City: MENTICELLS Zip. 53578	□ C:-	(Month) (Day) (Year)	Phone ()_
9.		Street: 1109 Havey Rd	l =	11/15/2011	Email Kic.	slin
Andy Kiesling	17-5	city. Madison WI zip. 53704	Uvillage Madison	(Month) (Day) (Year)	Phone (6	08)
10. LORTA J. LUND		Street: 50 Whitcomb CR #10	Town	11 /15/20/11	Email	
Gloria & Lund	Gleria & Lund	City: MADISON, WI Zip: 53711	City MADISON	(Month) (Day) (Year)	Phone ()
	Certification (of Circulator	0 0	~		-
PATRICIA ARMDON	EFEN, (certi	ify): I reside at 3148 Bul Zuw	SUN PRA	HRIE Austria Vien	Circula	itors , ple

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. KASI KARRI	Xxx,26	Street: 914, EAGLE CREST AR City: MADISON Zip: 53704	UTown UVillage MADISON	/5/20_il_ (Month) (Day) (Year)	Email KASI KARE Phone (608) 2
2. Sol Zaichick	Sol Zairhuch	Street: 914 Evin Street City: Madison zip: 53715	□Town Nideson □Village Mideson	// /3/20_1/ (Month) (Day) (Year)	Email Phone
3. Nancy Dahm	Nancy Ochm	Street: 1520 Droyning Rd. City: Stoughton zip: 53587	Urown O'illage City hristiana	// /5/20_// (Month) (Day) (Year)	Email Phone
*Sarah Piha	MANY KINY	street: SO9 N Midvale Bulv. #4 City: Madison WI zip: 53705	□Town □Village Madison	11 /15/20 11 (Month) (Day) (Year)	Email Sarah Phone ()
5. Margaret Stones + Keet	Margauth Story	Street: 1029 11. 1369 artiest City: Perdge Villa zip: 53533	Town Village Village Village	// /5 20_// (Month) (Day) (Year)	Email Phone
6. Gretchen Aiyangar	Jelley	Street: 138 W Gorham City: Madison WI zip: 53703	□Town □Village City Madison	11 /15 20 11 (Month) (Day) (Year)	Email Phone
7. JOHN PARTL	John Parth	Street: 504 & ZINCON AVE City: MILWAUKEE Zip: 5-3107	Town Village Scity MILWAUKEC	1//5/2011 (Month) (Day) (Year)	Email Phone
8. MARNA ASKINS	The that	Street: Z13 NATCHEZ TRACE City: MADISON Zip: 53705	Town Village SCity VADISON	(Month) (Day) (Year)	Email Phone
9. Cathleen Cayle Kaufman	Calpla Coul Kaufm	street: 47 Southbound Dr City: Deforest WI zip:53532	Deforest	/(/15/20/(Month) (Day) (Year)	Email Phone ()
Karen Kresse	Darkerse	Street: N5983 Colonial DR City: Sullivan WI Zip: 53178	Trown Utilage Concorp	11 /15/20 <u>11</u> (Month) (Day) (Year)	Phone ()
D O	Certification	of Circulator	Sun Pr	a i Di Č	
PAT ARNDORFER	, (cert	ify): I reside at 3148 BULL RUN		HKIC	Circulators, plea

(certify): I reside at _ (Circulator Municipality) (Circulator's Residence – Street name and Number) (Name of Circulator) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name / know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. Page No. (Official Use Only) (Signature of Circulator) (Month) (Day) (Year)

Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
Print: Susan M. Grady	2126 Rowley Ave	☐ Town ☐ Village	11 /15/20_11	Email
sof Jush Sal	city: Madison Wl 21p: 53726	Maduson (Municipality Name)	(Month) (Day) (Year)	Phone (W8)
2. Janu Lozano	1 Ridgerias Ct #7	Town Village	11/15/11	Email
Sign:	cuy: Madism zip: 53704	(Municipality Name)	(1 /11 /20 (1 (Month) (Day) (Year)	Phone ()
3. Print: Todd Naze Sign: Todd Dan	street: 5809 Linden Phny.	Town Village City MCFarland	/// 15/20_//_ (Month) (Day) (Year)	Email +cQQ Phone
4	chy. McFarland zip. 53558	(Municipality Name)		(609)
Print: Robert Newbegin J.	Street: 46 Cumberland Lane	☐ Town ☐ Village ☐ City	11/15/20 <u>11</u>	robert 9
Sign	city: Madison zip: WI	(Municipality Name)	(Month) (Day) (Year)	Phone (608)
5. Print: Tracy Hartman	Street: 713 Nygaard St	□ Town □ Village X City	w /16/ W	Email
sign Juay Jahman	city: Stoughton zip: 53589	Stoventon (Municipality Name)	(Month) (Day) (Year)	Phone ()
	Certification of Circulator	<u> </u>		
I, Betsy a Wilcox,	certify): I reside at 3314 Derby Down	MADISON		Cina and a same

(Printed Name of Circulator)	(Circulator's Residence - Stree	et Name and Number)	(Circulator Municipality)
I personally circulated this recall petition and personally obtained e named in this petition. I know that each person signed the paper wi recall petition. I am aware that falsifying this certification is punish	ith full may ledge of its content on the date indicate	signers are electors of the jurisdiction ed opposite his or her name. I know the	or district represented by the officeholder bir respective residences given. I support this
11 / 15 /2011	\mathcal{L} . \mathcal{L}		Page No. (Official Use Only)

(Signature of Circulator)

(Printed Name of Circulator)

(Day)

(Year)

(Month)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Committee to

PO Box 2569 Madison, WI

THE MONICH ALIT I U	THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
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1. Print: SANDRA I CONRAD	street: 8701 Spring Valley Rd	XTown Civillage City BERRY	11 /15/2011	Email	
sign: Sandra J. Comcal	city: Black Earth zip. 53515	(Municipality Name)	(Month) (Day) (Year)	(608)	
2. hathy Trotta	5602 500 11/1	Town Utilage City	11 115/2011	Email	
Sign: With Statte	civ. Warnakel 21: 53597	(Municipality Name)	(Month) (Day) (Year)	Phone d	
3. print Michael Stoppe	Street: 5309 Pheasant H: 11 Rd	Town Village		Email	
sign: MUNDEL SHAPPE	city: Manona zip: 47316	Monona WI (Municipality Name)	(Month) (Day) (Year)	Phone (LOS)	
4. Elizabeth peuse	Street: 4450 Hillerest Dr. He	☐ Town ☐ Village ☑ City		Email	
Sign: Glynthe R. Puse		(Municipality Name)	(Month) (Day) (Year)	Phone (Vag)	
5. PATRICK LUND	7430 (n. 1)	□ Town □ Village		Email	
Sign. Par O Luch	Street:	(Municipality Name)	/15/20 <u> </u> (Month) (Day) (Year)	Phone	
	City: MADISON Zip: 53717			(608)	
•	Certification of Circulator	^ .			
1 Betsy L Wilcox .	(certify): I reside at 3314 Duby Dow	n MADISON	~		

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(Circulator's Residence - Street Name and Number)

11	15	/2011	Letsa	Ĺ	ulifer	
(Month)	(Day)	(Year)	(Signate	ure o	f Circulator)	

(Printed Name of Circulator)

Page No. (Official Use Only)
#

(Circulator Municipality)

Circulators,
Please include your cont

Phone
(608)

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PO Box 2569 ! Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				Madison, WI
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Print: Katherine Duff Sign: Kath Duff	Street: 5810 ROOSEVELT St City: Middlefon zip: 53562	Town Village City Middleton (Municipality Name)	/15/20 (Month) (Day) (Year)	Phone (WX)
2. Print: Kaye Mezan sign: Kaye Mezan	street: 1213 Nevada Rd. City: Madism 250704	Town Village City Made S M (Municipality Name)		Phone (608)
Sign: Muchael Thuson	Street: 6630 Annestown Dr City: Madisan 210:6053718	Town Village City (Municipality Name)	// // \$\frac{1}{20} \frac{1}{1} (Month) (Day) (Year)	Phone ()
Print: Ruth Anne Landsverk sign: Lett Clave Landsverk	Street: 808 Woodview Dr.	Town Village City Sun Prouvice (Municipality Name)	\[/15/20_ <u> </u> (Month) (Day) (Year)	Email 608-85 Phone
Sign: Let March Son	Street: 4303 Hegg Ave City: Madison Zip: 537/6	Town Village B-City (Municipality Name)	[(Month) (Day) (Year)	Phone (OS)
· /	Certification of Circulator	0		
I, Betsy L Wilcov (Printed Name of Circulator)	(certify): I reside at 3314 Denby 10 uwr (Circulator's Residence - Street Name and Nu.	mber) (Circulator Muni		Circulators, Please include your cont.

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

//	15	/2011	Sitty L	whiles	
(Month)	(Day)	(Year)		of Circulator)	

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to

Committee to PO Box 2569 Madison, WI

THE MUNICIPALITY U	THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Print: Jean Wendlick Sign: Jean Wendlick	Street: 4) Hickory Hollow City: Madison 210: 53705	☐ Town ☐ Village ☐ City (Municipality Name)) / /35/20_12 (Month) (Day) (Year)	Phone (608)
2. Print: Amy French sign: Amy Trench	street: 10 Merrick Ct City: Madison zip: 53705	Town Village City (Municipality Name)	// //5/20 <u>11</u> (Month) (Day) (Year)	Phone (608)
Print Macle Foster	Street: 906/acurie Dr. City: 1 21p: 5371/	Town Village City (Municipality Name)	(Month) (Day) (Year)	Phone (608)
4. Print: Alan Virning Sign: Olan Vivina	Street: 6787 SUNSET MEADOW DO	M Town □ Village □ City W.NdS OA (Municipality Name)) /15/20 11 (Month) (Day) (Year)	Phone (60%)
5. Print: Linda Carey sign Linda Carey	2937 FISH HATCHERYRO Street: #120	Town Village City Fitch bus 9 (Municipality Name)		Phone (60 8)
	Certification of Circulator	0		
Beton L Wilcon	(certify) Treside at 3314 Dealer Dans	n MADISON		

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(Circulator's Residence - Street Name and Number)

W /	۱۶	/20 11	
(Month)	(Day)	(Year)	(Signature of Circulator)

(Printed Name of Circulator)

Page No. (Official Use Only)
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(Circulator Municipality)

Circulators,
Please include your con
Phone

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to

PO Box 2569 Madison, WI

THE MUNICIPALITY I	USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison, WI
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Print: Janis E By od sign: Janis E By od	Street: 5934 Town Hall Dr	D Town U Village City Sulf (Municipality Name)	1(/15/20/1 (Month) (Day) (Year)	Email Phone
Print: Nataliya Flaunery Sign: Mattheory	Street: 17 Meadowlagk Dr. City: Madison 211: Wi	Town Utillage Dicty Madyon (Municipality Name)	// //5720_[/	Phone ()
Sign: Denald Willic	Street: 6925 Chestes Dr. #E	Town Village D'City Mach S.M (Municipality Name)	// /15/20_// (Month) (Day) (Year)	Phone (608)
4. PATRICK GASPER sign: Patrict Hasper	Street: 202 SINCLAIR ST City: JANESVILLE 219: 53545	Town Village City JANESVILLE (Municipality Name)	// /15/20 <u> </u> (Month) (Day) (Year)	PTGN Phone (605)
Sign: ANDREA BECKES	Street: 111 W WILSON ST #208 City: MADISON 21p: 53703	Town Uvillage City MA DISON (Municipality Name)	11 /15 / 20 11 (Month) (Day) (Year)	Frandrew Phone
	Certification of Circulator			-
1, Betzy L Wiliox	(certify): I reside at 3314 Derby Do-	un MADISOF	`	Cinaulatana

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Circulator's Residence - Street Name and Number)

(Month) / 1 S / 20 11 (Year) (Signature of Circulator)

(Printed Name of Circulator)

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320

(Circulator Municipality)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Committee to

Committee to PO Box 2569 Madison, WI

THE MUNICIPALITY USED FOR MATLING PORPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
1. Print: Lari Taylor Sign: Taylor Taylor	street: 7299 Wilburn Rd city: Sun Prairie 219: 53590	Town i Village City Bristol (Municipality Name)	11 /14/20 <u>11</u> (Month) (Day) (Year)	Phone (608) (
2. Print: JACQUELINE JOEDEE Sen: JOLQUE AND DE dee	Street: LL18 RUSTE ROAD City: BARNEVELD 219: 53507	Town Village City BARNEVED (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email COSIC Phone
3. Print: Angell Duyll'S Sign: USCOCOLO	street: 606 Delladonna Way City: Madison 219: 53704	Town Village City . (Municipality Name)	(Month) (Day) (Year)	Phone (COS)
4. Pristen Burton sign Kluttu Buuton	street: 5146 Anton Di Apl 213 city: Fitchburg zip: 53719	Town Village City (Municipality Name)	15/2011 (Month) (Day) (Year)	Email Kristenk hott
sign: Diane Sullivan	Street: 19B CATISTINE LA	Town Village City (Municipality Name)	(Month) (Day) (Year)	Email Plane. Si Phone (COS)
	Certification of Circulator			
Betsy & Wilcox	(certify): I reside at 3314 Denhy Dow	n Manison		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Circulator's Residence - Street Name and Number)

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(Month)	(Day)	(Year)		of Circulator)	

(Printed Name of Circulator)

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(Circulator Municipality)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PO Box 256 Madison, W THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING CONT Rural address must also include box or fire no. (Also Indicate Town, City, or Village) 1. Town Uillage Street: ESWSLO Brigs Bluff Pd 11/15/2011 ☐ City (Municipality Name) ☐ Town Village ☐ City N/15/2011 (Municipality Name Email Town
Village
City 608 Email ☐ Town **∠**Village ☐ City Street: 3155 RIZHD TABLE WAY 11 /15/2011 Phone Email ☐ Town SARITA JHA ☐ Village Street: 14 N Woodmont CR City 11/15/2011 S. T. Tha (608)

Sign: Cara Cara	(manicipality radiic)
city: Marchison wi zip: 53717	
. Certification of Circulator	•
(Printed Name of Circulator), (certify): I reside at 3314 Deby Down (Circulator's Residence - Street Name and Num	
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or he recall petition. I am aware that falsifying this certification is punishable under \$1.12.13(3)(a), Wis. Stats.	
(Month) / 18 /2011 Subject Circulator)	Page No. (Official Use Only) # 1322

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Ja Committee to

PO Box 2569 Madison, WI

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1. Print: SANDRA RYAN Sign: Jamobus Y Ryan	Street: 942 SCHUMANN ST City: SUN PRAIRIE Zip: 53590	□ Town □ Village (XCity SUN PRAIRIE (Municipality Name)	// //5 / 20 <u>//</u> (Month) (Day) (Year)	Phone (408)
2. Print: Erin Fath Sign: C Interest of the State	Street: 718 Humingstar Lane City: Maelism, W zip: 53704	Town Village Scity MALSO (Municipality Name)	//5/20 (Month) (Day) (Year)	Email e - fat Phone (le &)
3. Print: Bernudelle Williams Sign: Fathfull	Street: 522 College S.J. City: Luke 11/1/4. Wi zip: 5355/	□ Town □ Village ▼City Luke Mill (Municipality Name)	///5/20 <u>//</u> (Month) (Day) (Year)	bessiesus Phone
4. Print: Sheri Pollock Sign: Ahri Pollic	Street: 151 Hickory Ct. City: Dregon, W1 zip: 53575	Town Sp Village City (Municipality Name)	[(/1 5/20	SG pol
5. Print: Mary Benzine Sign: May Banzie	Street: 205 Indian Summer Kd. City: Marshall zip: 53559	□ Town Styllage □ City Mans hall (Municipality Name)	1 (/ 15/20_[(Month) (Day) (Year)	Phone ()
I, Betty L Wilcox, (Printed Name of Circulator)	Certification of Circulator (certify): I reside at 3314 Deby Down (Circulator's Residence – Street Name and Nu	mber) (Circulator Muni	icipality)	Circulators,

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under 5.12.13(3)(a), Wis. Stats.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PO Box 256 Madison, W THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE DATE OF SIGNING MUNICIPALITY OF RESIDENCE CONT Rural address must also include box or fire no. (Also Indicate Town, City, or Village) MARKW. Rider ☐ Town Phone 608 □ Town □ Village City (Municipality Name) ☐ Town ☐ Village 4. Email ☐ Town □ Village
□ City Phone (Municipality Name) (608 □ Town Village (Month) (Day) (b)

I, Betsy L Wilcox, (certify): I resi	de at 3314 Derby Down	MADISON
(Printed Name of Circulator)	(Circulator's Residence - Street Name and Number)	(Circulator Municipality)
I personally circulated this recall petition and personally obtained each of the named in this petition. I know that each person signed the paper with full know that each person signed the paper with full know that falsifying this certification is punishable und	ne signatures on this paper. I know that the signers are electors of the jurisdiction of leage of its content on the date indicated opposite his or her name. I know let \$12.13(3)(a), Wis. Stats.	on or district represented by the officeholder their respective residences given. I support the
(Month) / 15 /20 10 BLW (Year)	Ketsy L whilesy (Signature of Circulator)	Page No. (Official Use Only) #

Certification of Circulator

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Committee to

Committee t PO Box 256 Madison, W

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT 1HAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Print: David O'Donnell Sign: And July	street: 3734 clover LN City: Madison zip: 53714	□ Town □ Village □ City Mad' 5 m (Municipality Name)	(1 /15/20_11 (Month) (Day) (Year)	Phone (608)
2. Print: William Strebu Sign: William Strebu	street: 410 Berwyn Dr #4	Town Village City Madison (Municipality Name)	11/15/20 <u>11</u> (Month) (Day) (Year)	Email William Phon
sign: Elizabeth Bucaida Sign: Elizabeth Bucaida	street: 2214 Fox Ave	Town Village Mu di 805 (Municipality Name)	[[/(S / 20_1] (Month) (Day) (Year)	Phone ()
Print: Inda Constant Sign Inda McChisht	street: 4118 Major Are City: Madism zip: 53716	Town Stillage (Municipality Name)	//S/20// (Month) (Day) (Year)	Email Phone
5. Print: Steven h. Grustin is con Sign: Land States	Street: 1341 VICAS Ave City: Madison Zip: 53715	Town Village Octive MARIS (Municipality Name)	// //5/20// (Month) (Day) (Year)	Email Phone
	Certification of Circulator	1		
I Retry L William ((certify): I recide at 3314 Deal. Dans	MARION		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Circulator's Residence - Street Name and Number)

(Month) / (Day) /20 htty Lullio y
(Signature of Circulator)

(Printed Name of Circulator)

Page No. (Official Use Only)
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(Circulator Municipality)

Circulators,
Please include your co
Phone

(408)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Ja Committee to

PO Box 2569 Madison, WI

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sign: Up	Street: 424 S. Paterson St #1 City: Mad ison, W1 21: 53703	□ Town □ Village □ City Madison (Municipality Name)		Email C Ke Phone (40)		
2. Kim Kohler sign: Kam Kohler	Street: 1135 Berlin RJ City: Marshall zip: 53559	Town Utillage City (Municipality Name)		Phone (68)		
3. Print: MARquerite DeMatti	Street: 121 S. Ham; Itan St. # 101-N 53703 City: MAD, SON WIZIP: \$3763	Town Village City (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Phone (608)		
4. Print: Robert w. Kott sign: Robert w. Kott	Street: 2763 Star Crest Tr	Crown City Bristol (Municipality Name)	// //5/20_ <u>//</u> (Mouth) (Day) (Year)	Phone (& & &)		
sign: Haw a Tenley	street: W3895 Highview Dr.	Town Village City (Municipality Name)	11 / 5/20 1 (Month) (Day) (Year)	Phone (920)		
Certification of Circulator Return 1.1.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2						
(Printed Name of Circulator)	(Circulator's Residence – Street Name and Nu	umber) (Circulator Muni	cipality)	Circulators, Please include your con-		

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(Month) (Day) (Signature of Circulator)

Circulators, Please include your co Phone

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J Committee to PO Box 256

Madison, WI

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1. Print PROOR V MOCRTHY	Street: 506 ISLE ROYAL DRIVE	Town Utillage Decity MADISoir	11 /15/20/1	Email AM 00Y		
sign: HV/huntty	City: MADISON Zip: 53705	(Municipality Name)	(Month) (Day) (Year)	(608)		
Print: Steven Hortont	street: 116 E. Gilman #6B	☐ Town ☐ Village ▼City	11/15/2011	5 Horton		
Sign: What Day	city: Madison 211,53703	(Municipality Name)	(Month) (Day) (Year)	Phone (LDB)		
Print JANE HANSON	Street: 8825 Jana Lane	☐ Town ☐ Village ★City	11 /15/2011	Email		
signifant Danson	City: MADISON Zip: 53704	(Municipality Name)	(Month) (Day) (Year)	Phone (COCS)		
CATHERINE RAWSON	2805 VICTORIA LANG	□ Town □ Village City	11 /15/2011	Email		
Sterin Kauson	City: MADISON Zip: 53704	(Municipality Name)	(Month) (Day) (Year)	Phone (GOS)		
5. Print Terry Westby	street: 411 Roshmore Lane	☐ Town ☐ Village ☐ Eity	11/15/20 11	Email		
sign: Terry Westley	city Madison zip. 53711	(Municipality/Name)	(Month) (Day) (Year)	Phone (608)		
Certification of Circulator						
I, Betsyl Wilcox, (certify): I reside at 3314 Denby Down (Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality) (Circulator Municipality)						

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Committee to
PO Box 256
Madison, W

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
Print: VOGRO PAXTON	Street: 1407 Mornson St	☐ Town ☐ Village ★ City	11/15/2011	Email
Sign: Ward Parton	Street: 1,407 MOrn 60N St City: MAD 160N) WI Zip: 53793	MADISUN (Municipality Name)	(Month) (Day) (Year)	Phone (605
Print: ANTONIO GURCIA		☐ Town ☐ Village ☐ Elty	11/15/20_1	Email
sign: Office Sign:	city: MODISON zip.W. I.	Mad (50 M (Municipality Name)	(Month) (Day) (Year)	Phone 66
• Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	• (
rint:	Street:	☐ Town ☐ Village ☐ City	/ /20	Email
iign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone
rint:	Street:	☐ Town ☐ Village ☐ City	/ /20	Email
ign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone

	City:	Zip:		
		Certification of C	Circulator	
I. Betsy L Wilco	, (certify): I reside	at 3314 Derby	Down	MADISON
(Printed Name of Circulator)	(Circulator's Residence - Stre	eet Name and Number)	(Circulator Municipality)
I personally circulated this recall petition and person named in this petition. I know that each person sig recall petition. I am aware that falsifying this certif	ned the paper with full kno	wiedge of its content on the date indica	ne signers are electors of the jurisdi ted opposite his or her name. I kno	ction or district represented by the officeholder ow their respective residences given. I support this
(Month) / 15 / 2	O11 (Year)	Signature of Circulator)		Page No. (Official Use Only) #_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J
Committee 1
PO Box 256
Madison, W

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1. Print: Dan Becker	street: 415 S. Franklin St.	□ Town □ Village □ City	11/15/2011	Email	
Sign:	city: Verana zip: 53593	(Municipality Name)	(Month) (Day) (Year)	(60%)	
Print: Chris W. Hammen	street: 6121 Waterford Rd.	Town Village Mr. di SOM	11/15/2011	ha mu Phone	
Sign:	city: Madison zip: 537/9	(Municipality Name)	(Month) (Day) (Year)	(608)	
PrinKATHLEENT. FOLES	Street: NS421 CANG()8N RC	Town Village City PAICDEEVILE	11 /15/20_/1 (Month) (Day) (Year)	Phone	
4.	City: PARDERVILLE Zip: \$3954	(Municipality Name) ☐Frown		(608) Email	
Print: DAVID AROPSON	Street: 4330 McCavaru St.	Village City City	11/15/20_	Phone	
Sign: Nava M	City: MADISON Zip: 53711	(Municipality Name)	(Month) (Day) (Year)	(608)	
5. Print: CLANK GUSTIN	Street: 5 4510 BELTER Da	□ Town ✓ Village □ City	: 1.clas#	Email	
side fleth forth	City: N. FREEDOM Zip: W/.	ROCK SPNING (Municipality Name)	<i>M</i> /15/20// (Month) (Day) (Year)	Phone (608)	
13. A M. 1. 1.	Certification of Circulator	1 Miten			

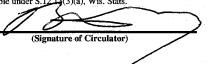
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Circulator's Residence - Street Mame and Number)

11 1 5 120 11

(Month) / (Day) / 20 // (Year)

(Printed Name of Circulator)



Page No. (Official Use Only)
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(Circulator Municipality)

Circulators,
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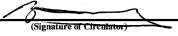
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT		
1. Print: Edward A Skolaski Sign: Eeld A Bhum.	Street: 306 Orfole LANE City: Walson w= zip: 53704	□ Town □ Village □ City Mall Seil (Municipality Name)	// /15/20 [[(Mouth) (Day) (Year)	Phone (608)		
2. Print: Michael J. Diebold Sign: Michael / Diebold	Street: 4972 Brewery Rd City: Cross Plains Wi Zip: 53528	ØTown □ Village □ City Bevry (Muni€pality Name)	// //5/20// (Month) (Day) (Year)	Email M+kb; Phone (608)		
Sign: Polit Machille	Street: 1537 WyomiNG City: MADISON Zip: 53704	Town U.Village L.City M.A.Di.S.O. (Municipality Name)		Email RFN I Phone (603)		
4. Print: NAN CLATION Sign: A CLATION	Street: 496 UNION RD City BROOKLYN Zip: 53521	# A Village	// //5/20_// (Month) (Day) (Year)	Email MLOC Phone (608°)		
Sign: JOHN NIEMANN	Street: S8282 HIGHLANS Rd City: LOCANVILLE Zip: 53943	M Town □ Village □ City	/ 1 / 15/20 // (Month) (Day) (Year)	Email Jaren Phone (608)		
Certification of Circulator						
(Printed Name of Circulator)	certify): I reside at 949 434 S	$\frac{\mathcal{O}}{\mathcal{O}}$ $\frac{\mathcal{M}/\mathcal{I}\mathcal{O}}{\mathcal{O}}$ (Circulator Muni	cipality)	Circulators, Please include your co		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.



Please include your con Phone

Circulators.

Return by,

Committee PO Box 256

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J
Committee t
PO Box 256

THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison, W
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print: Thomas M Kramer sign: Thomas M Kramer	street: 1990 Bunker View City: Sun Prairie zip: 53590	☐ Village ☐ City Bristol (Municipality Name)	11 /15/20 <u>11</u> (Month) (Day) (Year)	Phone (60%)
2. Print: Rick Clayton Sign: Rick Clayton	street: 15839 Nest Holt Rd city: Brooklyn zip: 53521	MTown Village City (Municipality Name)		Phone (608)
3. Print: MARK SONNENBERG Sign: Mayan herg	Street: 22 APPLEBY CIRCLE City: MAZOMANIE zip: 53560	□ Town ▼Village □ City MAZOMANIE (Municipality Name)	// //5/20 <u>//</u> (Month) (Day) (Year)	Phone (608)
sign: Kerrin M. Sopha	Street: W9646 Richards Rd. City: Lod: Zip: 53555	☐ Town Willage ☐ City Arlington (Municipality Name)	// //3/20//_ (Month) (Day) (Year)	Phone (608)
5. Melissa Marenek sign Mulussa Maruk		Town Utillage City Manager (Municipality Name)	// // S/20_// (Month) (Day) (Year)	Email Mima Phose (608)
I, But Ming (Printed Name of Circulator)	Certification of Circulator (certify): I reside at 949 E High SY (Circulator's Residence - Street Name and Nu.	Molfer (Circulator Munic	2 cipality)	Circulators, Please include your co
			•	Phone

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.1248(3)(a), Wis. Stats.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes,

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PO Box 2569 Madison, W

THE MUNICIPALITY C	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA		
Print: Brad Carden Brad Carden	Street: 5325 Cnty HH	Town Utillage City (Mulficipality Name)	////5/20	Email Phone		
Sign:	city: Barneveld zip: 53507	(Municipality Name)		(608)		
Print: JAMES PASKE	Street: N1630 Bradley ROAD	▼ Town □ Village □ City	1 /15/20_[[Email		
Sign: Janes Parke	city: Poynette zip: 53455	(Municipality Name)	(Month) (Day) (Year)	Phone ()		
ERICK M. M. Zuilly	street 214 DRexel Ave	☐ Town ☐ Village City	11 115/201/	Email		
Shul M. J. Sin Sy	MADISON 21053716	(Municipality Name)	(Month) (Day) (Year)	Phone (COS)		
4. RONALD BIELM AN	Street: 587 SEACEL DR.	Town Village City	11 /15/2011	Email		
Sign: Hall Beense	City: EVANSVILLE Zip: 53536	EVANSVILLE (Municipality Name)	(Month) (Day) (Year)	Phone (108)		
5. John C. Ehneider	Street 5542 W. Francis Rd.	Town Utillage City	11 /2-+ 11	Email		
signifach à Dancida	CIDEVANSVILLE WIZIPS3536	(Municipality Name)		Phone (LOR)		
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1, But Mings	(certify): I reside at 949 & Hrgh 50	Milton		Cinavilatora		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CC
1. David Grover	Mille	Street: 20 Brompton (ircle City: Madison zip: 53711	Town Village City Macdis	\\ \/\15/2011 (Month) (Day) (Year)	Phone (
2. AnitaFass	Arita Foos	Street: 149 Gescent St City: Rhinelander Wl zip: 5450	Town Village Rhinelanden	11 /15/20_11 (Month) (Day) (Year)	Email Phone
Joel Colliss	ful the	Street: W 354 Piping COCKES City: Mach oon, W Tip: 53711	Town Usillage City Madison	// // 16/20// (Month) (Day) (Year)	Phone (
4. Cynthia Dearth Cynthia Dearth	Grothia Dearth	Street: 6330 Piping ROCK Rd City: Hadison W/ zip: 53711	Town Usullage City Hadisan		Phone (
5. O Dearth	Timity (alter	Street: 6330 Piping Rock Rd City: Hadison W1 zip: 53711	TyTown ☐ Village ☐ City HadeSon	(Month) (Day) (Year)	Phone (
e. Dett Behrend	SW Bond	Street: 1113 Winston Dr City: MadisonwI Zip: 53711	□ Town □ Village 风City MadiSon	(Month) (Day) (Year)	Phone (
James Behrand		street: 1113 Winston Dr. City: Medison zip: 53711	Town Uillage Madison		Phone (
8. Rhea Holz	Rhea Has	Street: 84 Korael Color Madrach Zip. 5371)	Town Mades	11 / 13 20 11 (Month) (Day) (Year)	Phone (
9. LICHARD M. Katz	Zuka to	Street: 84 KesselCt. Opt & City: Madison Zip: # 537	Town Village Madison	(Month) (Day) (Year)	Phone (
10.		Street: City: Zip:	□ Town □ Village □ City	(Month) (Day) (Year)	Email Phone
01	Certification o	of Circulator	aty	of,	

1		City:	Zap:		
9. LICHARD M.Katz	Luka til	Street: 84 KesselC	t. Opt 6 Town Village	Madison (Month) (Day) (Year)	Phone ()
10.		Street:	☐ Town☐ Village☐ City	/ /20	Phone ()
Sherie Son (Name of Circulated this recall petition and personally of paper with full knowledge of its content on the date in (Month) (Day) / 20 / (Year	culator) obtained each of the signatures on this paper. I know tha ndicated opposite his or her name I know their respective	t the signers are electors of the jurisdiction	UINSTONDO. sidence – Street name and Number) or district represented by the officeholder tion. I am aware that falsifying this certifi	(Circulator Municipality) named in this petition. I know that each person signed cation is punishable under S.12.13(3)(a), Wis. Stats. Page No. (Official Use Only)	Circulators, ple Phone (Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PO Ma THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. PRINTED NAMES OF ELECTORS SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE DATE OF SIGNING CO MUNICIPALITY OF RESIDENCE Rural address must also include box or fire no (Indicate Town, City, or Village) Winston sherie. // //5/20<u>//</u> ☐ Village Sherie Sondel Madison ∠ City Madison zip: 537 11 608 Email 4118 Birch Aue. ☐ Town emilies 11 /15/2011 Madison Emilie Sondel ☐ Village Madison **Z**City zip: 53711 (Month) (Day) (Year) (800)Email Yater con ☐ Town (\ /**\\$**/20<u>\\</u> IN THE ☐ Village Phone City Madison zip: 53703 (608) Email Hathaway ☐ Town Sd-11/15/2011 ☐ Village Phone City zip: 53711 Madisz (608) Email UC13 Berkshire Rd □ Town 11 /15/2011 ☐ Village City city: Madison zip: W (le 08) Email Frisch Rd ☐ Town ☐ Village Phone ladison City zip: 53711 Email ☐ Town 11/15/2011 □ Village Phone City Mad Don Email FRIAR LN ☐ Town ☐ Village Phone **L**ity Madison (60R) MADISON Email ☐ Town ☐ Village <u>rawling</u> St 11/5/2011 Phone City (Joh). Email □ Town ☐ Village Phone City (Month) (Day) Madison WI zip. 5371

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<u>, Sherie</u>	<u>Sondel</u>	, (certify): I reside at		Winston	Dr	Madison
A. 1	(Name of Circulator)			Residence – Street name and l		(Circulator Municipality)
personally circulated this recall petiti	on and personally obtained each of the sig	matures on this paper. I know that the signers are ele	ctors of the jurisdicti	on or district represented by the o	fficeholder name	ed in this petition. I know that each person signed
he paper with full knowledge of its co	ntent on the date indicated opposite his or	her mande. I know their respective residences given.	support this recall p	petition. I am aware that falsifying	this certification	n is punishable under S.12.13(3)(a), Wis. Stats.
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Ryan Vass	Sal-	street: 6707 Schoolde All city: Madison zip: 537/1	Town Wad Son)) /15/20/(Year)	En
2. Brian A-Gale	La Sale	Street: 6333 WOODNATON WAY City: 1992/SON WI Zip: 5574	Town Village M QU ISON	11 /15/2011 (Month) (Day) (Year)	Em
3. Danulle E. Gall	Exuille Elle	Street: U333 WowLington Why City: Mid Bon Zip: 53711	Town Village Malx30N	///5/20// (Month) (Day) (Year)	Pho
4. Jackie Woodruft	Jachie Woder B	street: 5 Dumont Cir City: Madison U) zip: 537U	Town Village Madison	11 /15 /20 11 (Month) (Day) (Year)	Pho
5. Matt Cook	MIC	street: 656 E. Mifflin City: Madison zip: 53703	Town Usuage City O. SOn	11 /15/2011 (Month) (Day) (Year)	Em
" PeterAlestek	ABACI	Street: 1121 Winston Dr. City: Madison Zip: 53711	Town Utillage White Madison	11 / 15/20 11 (Month) (Day) (Year)	Em
"Sharm Peshek".	Sham Peshela	Street: //2/ W/N5000 4 City: MADISM, W/ Zip:537//	Town Uvillage City MANSO	// //5 // 20// (Month) (Day) (Year)	Em
*Oeff Beshek	ap// Restak	Street: My Str. 2371/ City: 11/21 winston Drive Zip:	Town Village Med 500	11/5/20 <u>11</u> (Month) (Day) (Year)	Em
" JIM Jenkins		Street: Mad 15 on City: U34 TVISCh Blzip: 53711	Town Dynage Madysm	(Month) (Day) (Year)	Em
Chow Todas	Chard Nach	Street: 1113 Fisch Rd City: NEWSCON Zip: 53H1	Town Village	(Month) (Day) (Year)	Em
Sherie Sonde	Certification (certification)		n Dr. Mad	Y of SON Municipality)	

(Signature of Circulator)

(Month)

(Day)

(Year)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her pany. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committee

THE MUNICIPALITY	USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT.	î . î .	Madison,
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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
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and Ina Jank	City Mades of Zip: 53704	Made (Municipality Name)	(Month) (Day) (Year)	Phone
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2.		□Town		Email
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_		(Municipality Name)	(Month) (Day) (Year)	Phone
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. (leste Luzzo	O(certify): I reside at	Jumber) Circulator Mun	icinality)	Circulators,
(Printed Name of Circulator)	(Circulator's Kesidence – Street Name and N	(umber) Circulator Mun	ісіраніў)	Please include your Phone
personally circulated this recall netition and personally	obtained each of the signatures on this paper. I know that the signers are elec	tors of the jurisdiction or district represented by t	he officeholder	1

he jurisdiction or district represented by the officeholder time. I know their respective residences given. I support this

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I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Signature of Circulator)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by . Committee PO Box 250

	THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAY	NAME OF VOTING		[
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
Kathy Holubar	street 3445 Cottonfair Tr.	Nown Utilage Blooming Grove	11 /15/20/17	Em
tat by bolular	chy: madison zip:	(Municipality Same)	(Month) (Day) (Year)	(
rint:	Street:	☐ Town ☐ Village ☐ City	/ /20	Er
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ign:	Clty: Zip:	(Municipality Name)	(Month) (Day) (Year)	Pi (
	Certification of Circulator			:
(Printed Name of Circulator)	certify): I reside at 144 Starr 618 (Circulator's Residence – Street Name and N	Jumber) Gly of 1	Nadison	Circul

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

NAME & SIGNATURES OF ELECTORS What Cavil E Smith Street City Cit	FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. THE STREET & MUMBER OF RURAL ROUTE RURAL ROU	Y OF RESIDENCE, IS NOT SUFFICIENT. BE LISTED. NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village) Town Village City (Municipality Name)	DATE OF SIGNING 1	CON Email						
NAME & SIGNATURES OF ELECTORS Print: Cavil E Smith Street City	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village) Town Village City	11 /15/20/1							
Print: Cavil E Smith Street City	, , , ,	Uillage Makis 60		Email						
City	, , , ,	Madis &								
PURD KUHNEN SITE		(Willing Pally Pally)	(Magnin) (DBy) (Xear)	Phone (LDS)						
City	19:Madson 21p. 53705	Town Village City MUUSON (Municipality Name)		Phone (LO)						
	Mediza W1 53719	Town Uvillage City (Municipality Name)	(Month) (Day) (Year)	Email (LOP) Phone						
Sign:	1164 Emerald St #3 117. Mg dison 211: 53715	Town Village Stry Madison (Municipality Name)	// // 5/20 <u>//</u> (Month) (Day) (Year)	Email Phone (602						
Frist: Tara Austra Street	reet 5158 Brindis's Ct.	□ Town □ Village □ City (Municipality Name)	(Month) (Day) (Year)	Phone (7/5						
	Certification of Circulator									

(Printed Name of Circulator)	(Circulator's Residence - Street Name and Number)	(Circulator Municipality)
I personally circulated this recall petition and personally obtained ea named in this petition. I know that each person signed the paper with recall petition. I am aware that falsifying this certification is punisha	ch of the signatures on this paper. I know that the signers are electors of the jurn of full knowledge of its content on the date indicated opposite his or her name. I	isdiction or district represented by the officeholder know their respective residences given. I support this
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THE MUNICIPALITY U	USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison, W
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print: Celeste Luzzio Sign: Blisty Lagra	Street: 1441 Stary Grace Dr. City: Masn., WI zip: 53719	□ Town □ Village ☑ City Madi Son (Municipality Name)	// /5/20 (Month) (Day) (Year)	Email /UZZIO Phone (608)
Print: Mauricinati Kune ne Mun Itis Sunene	Street: Z/13 Kendall Ave City: Madison Zip: WI 53726	Town Village RCity (Municipality Name)	1 /(5/20 <u>1</u> (Month) (Day) (Year)	Mayer Ke
3. Jeanstearthur Sign: Gatthur		Town Village City (Municipality Name)	[] / 15/20 L (Month) (Day) (Year)	Email JLAVA Phone (408)
4. Print: LUHNYM A. MOOKES sign: LUCALMO Moore	1	Town Village Scity (Municipality Name)	1 / 6 / 20 <u>1 /</u> (Month) (Bay) (Year)	Email Hamu Phone
5. ET VERMILYER Sign Tax Cermilyer	H301 DEREY RD Street: NAOISON 53704 Ctiv: 53704	Town Uillage Vity (Municipality Name)	// //5/20 <u>//</u> (Month) (Day) (Year)	Email LFV &
0-1-1	Certification of Circulator	C > 21 1	n 1.	
I, <u>Cleste 2270</u> , (Printed Name of Circulator)	(certify): I reside at Circulator's Residence – Street Name and Nur	Grees Dr. City of 19 mber) (Arculator Munic	cipality)	Circulators, Please include your co

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12,13(3)(a), Wis. Stats.

(Month)

Return by

Committee

PO Box 256

Please include your c Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY U	ISED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison, W
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print: Lucy Chaffin	Street: 1030 Glenway Rd.	FAcilitage	11/15/2011	Email
Sign: LuzyChaffi	chy: Oregon zip: 53575	(Municipality Name)	(Month) (Day) (Year)	(608)
Print: Ian Hannah	Street: 20°2 Academy Sh	☐ Town Village ☐ City	11/15/2016	Email
sign da de	chy: Mt. Horeb zip: 5357	Mt, Houb (Municipality Name)	(Month) (Day) (Year)	Phone (LOG)
3. Print: Diana Miller	street: 300 E. Northlawn D	□ Town ★Village □ City	11/15/2011	Email
Sign: Diva Miller	City: Cottage Grave Zip: 53527	Cotto-eu Grove (Musicipality Name)	(Month) (Day) (Year)	(608)
4. Print Grien Johnson	Street: 1922 Regent	Town Uillage Deity May 4,500	11/15/2011	Email
Sien: Tarie Joh	chy: Madison zn: 53726	(Municipality Name)	(Month) (Day) (Year)	Phone (608)
5. Print: Mark E. Emilich	Street: 155 S, Brittingham Pl.	☐ Town ☐ Village PRCity	11/15/20_	Email
sign: Month & Unlich	City: Madison Zip: 53715	Mad 50 M (Municipality Name)	(Month) (Day) (Year)	Phone (60%)
011	Certification of Circulator	*		

			Certificati	on of Circu	ılator	
I.	Celeste Luzzla (certify)	: I reside at	1441	Starr	Grass Dr.	City of Madizon
,	(Printed Name of Circulator)		(Circulator's Reside	ence – Street Na	me and Number)	(Circulator Municipality)
_						

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(Month) (Day) (Year) (Signature of Circulator)

Circulators, Please include your cor

Phone Phone

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MINICIPALITY IS	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY	OF RESIDENCE, IS NOT SUFFICIENT.		Madison, W
HE MONCH ALIT I O	THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.		1
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Helene Lemeur	street: 515 S.Midvale Blvd.#318	Town Village SICity Madisan	(// /5/20 (/ (Month) (Day) (Year)	Email Cle M Phone
Sign: Withe de	city: Wadson zip: 53711	(Municipality Name)		()
Print: Anna Schaub	street: 1102 Turnberry CL	Town CL	11 /15/20/1	Eman
Sign: Straw Schal		Wavnakle (Municipality Name)	(Month) (Day) (Year)	Phone ()
3. Maca Ansheld	chy: Waunakel WI zhp. 53597	□ Town		Email
Print:	Street: 7622 Widgeon Way	Village City (Municipality Name)	(Month) (Day) (Year)	Phone (606)
4. heresa Ellis	chy: Madison Wizip: 53717	□ Town □ Village □ City		Email
Sign: Nacresy Ells	Street: 1718 Tarragon Dr	(Municipality Name)	1(/(5/20(Month) (Day) (Year)	Phone (608)
5. Susal Phillips	city: Madison zip: 53/16	☐ Town ☐ Village		Email
Signed Wan Phillips	Street: 5557 StreeteekCir	(Municipality Name)	//5/20// (Month) (Day) (Year)	Phone Vol S
,	Certification of Circulator			1 400

I.	Celeste Luzzio	, (certify): I reside at	1441	Storr	GROSS	De	City of	Madison
	(Printed Name of Circulator)		(Circulator's Reside	ence – Street Nam	e and Number)		Circulator M	unicipality)
I ne	rsonally circulated this recall petition and personall	v obtained each of the sign	natures on this paper. I l	know that the signers	are electors of the	jurisdict	ion or district represented b	y the officeholder

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district	represented by the officentialer
named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respecti	ve residences given. I support this
recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.	

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Please include your con
Phone

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PO Bo Madis THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. VOTING PRINTED NAMES OF ELECTORS SIGNATURES OF ELECTORS DATE OF SIGNING CONTA STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) Rural address must also include box or fire no Email □ Town ☐ Village Phone City Email Town □ Village Phone ☐ City (Month) (Day) (Year) 3. Email ☐ Town □ Village City Phone Email Phone

19 9 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	783000 (773	City: COOKER TON Zip: 27079			
5. Ryan Stahlke	Zyan Paul Saldhe		Town Village Fitchbury	(Month) (Day) (Year)	Phone ()
6. Ieschia McIntelli	Include	Street: 911Pile Dr City: Filehans zip: 53713	Town Village Fitchbam	/13/20// (Month) (Day) (Year)	Email Phone
7. Pamola Davis	Panela Karis	street 2818 Richardson St.	Town Village Company	// //3/2011 (Month) (Day) (Year)	Email Phone
8. Excel William	Eco Wo	Street: 5706 RUSSEH RL (1)	Town Wal w	11/15/20 <u>11</u> (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone ()
Ellean MAGON (Name of Circu		of Circulator ify): I reside at SUS CAMMON Rd 2 (Circulator's Residence - Street name an	d Number) (Circulator N	on 53716	Circulators, plea
personally circulated this recall petition and personally ob-	tained each of the signatures on this paper. Languithat	the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsify	e officeholder named in this petition. I know the ing this certification is punishable under S.12.	nat each person signed	Phone (Email
(Month) (Day) (Year)		(Signature of Circulator)	# 134	2	B246-

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						Madi
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CONTA
1. A R	Watt Lat	Street: 3481 Hargrove St	Town Willage Madison	11 /15/2011	Email	
Matthew Bottkol	Ci Jungar	City: Madison zip: 53714	A	(Month) (Day) (Year)	()
Blake Shennon		Street: 2800 Crinkle 1001 Dr	Town Fischburg Village Town Village	11/13/20/11	Email Phone	
Plate Shannon	BS	city: Fitchburg zip: 53711	Deityfor	(Month) (Day) (Year)	Phone ()
3.		Street:	□ Town □ Village	/ /20	Email	
·		City: Zip:	□ City	(Month) (Day) (Year)	Phone ()
4.		Street:	☐ Town ☐ Village	/ /20	Email	
		City: Zip:	City	(Month) (Day) (Year)	Phone ()
5.		Street:	□ Town	/ /20	Email	
			☐ City	(Month) (Day) (Year)	Phone	
6.		City: Zip:	□ Town	1 1	Email	
		Street:	□ Village □ City	/ /20	Phone	
		City: Zip:	L City	(Month) (Day) (Year)	Email)
7.		Street:	☐ Town ☐ Village	/ /20		
		City: Zip:	□ City	(Month) (Day) (Year)	Phone ()
8.		Street:	□ Town □ Village	/ /20	Email	
		City: Zip:	☐ City	(Month) (Day) (Year)	Phone	
9.			□ Town	1 1	Email	
4		Street:	- □ Village □ City	/ /20 (Month) (Day) (Year)	Phone	
10.		City: Zíp:		(Monthly (Day) (Teal)	Email ()
10.		Street:	□ Town □ Village	/ /20		
		City: Zip:	City	(Month) (Day) (Year)	Phone ()
9,1850 M	Certification	of Circulator	1 #2CHMADE	m 5371	9	

Circulators, please (Circulator Municipality) Phone electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. Email Page No. (Official Use Only)

(Year)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are

(Name of Circulator)

the paper with full knowledge of its content on the date indicated opposite his or her name. I know their te

(Month)

(Day)

(Signature of Circulator)

(Circulator's Residence - Street name and Number)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.		Ma
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		СО
1. VIRGINIA MASON	layhon	Street: 834 S GAMMON RT City: MADISON Zip,53719	Town Usulage Decity MADISON	///5/20 <u>-ff</u> (Month) (Day) (Year)	Email Phone	
2. Dova Breicha.	Day 35/6	Street: 3796 RITIAND-DUNN City: ORGGON WI Zip: 53827	□ Yown □ Village □ City ORE 60 N	(Month) (Day) (Year)	Email Phone	
Tanya money	· Jarya morey	street: 1806 Rde Lané cty: mad 5374 w:	Town yalage City Madison		Email Phone	
· Tandalay a Taylor	J Jaylon	Street: 1503 Wright St City: Madism Zip: 63704	Town Village Defty Madish	(Month) (Day) (Year)	Email Phone	
Ray Money	Pay Money	street: Hadison 1806 Rae lane City: Madison WI zip: 53711	Town Village Madison	// /15/20/(Month) (Day) (Year)	Email Phone	
6. Heidisanfor	Midistanten	Street: TII was hungton Street City: MONTICELLO Zip: 53570	City MONT (CE)	(Month) (Day) (Year)	Phone (
WAZNE WEST	War Wot	Street: 19 FORDEM CT City: MAD250N Zip: 53704	Town Village City MAD1	(Month) (Day) (Year)	Phone (
Came Mastiner	Joseph 19	city EVINAS VILLE ZIOS SEE	Town Village EVANSV, No	// /5 20// (Month) (Day) (Year)	Email Phone	
Erika I. Essev	Wha 7. Gran	street: 109 Cameo Lane City: Madison zip: 53714	Town Village Madison	[] /5 / 20 / (Year)	Email Phone	
o. Ali Maanum	ainsun	cir: Madison zio: 52714	Town Village Medicon	(Month) (Day) (Year)	Email Phone	
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the paper with full knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content of the date indicated opposite his or her name is not a subject to the date indicated opposite his or her name is not a subject to the date indicated opposite his or her name is not a subject to the date indicated opposite his or her name is not a subject to the date indicated opposite his or her name is not a subject to the date indicated opposite his or her name is not a subject to the date indicated opposite his or her name is not a subject to the date indicated opposite his or her name is not a subject to the date indicated opposite his or her name is not a subject to the date indicated opposite his or her name is not a subject to the date

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.						
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA		
1. Print Debral Kosloske	street/0317 Piling Rock Rd.	□ Town □ Yillage □ City	11/15/20/1	Email		
Now 1 Sulle	chy: Madison zp. 53711	Mac Son (Municipality Name)	(Month) (Day) (Year)	()		
Print Len Mormite	Street: 3710 Mandimus Cf	Town Village	11/1-5/20/1	Phone		
Sign: La Mornino	city: Middleton zip: 53562	(Municipality Name)	(Month) (Day) (Year)	()		
3. Meg Filkins	street: 4810 Agate	□ Town □ Village City	1 /18/2011	Email		
Sign:	City: Masson Zip: MAJ 53719	//WWDISOV (Municipality Name)	(Month) (Day) (Year)	Phone ()		
4. Jennifer Buchholz	Street: 3902 Maple Grove Dr415	Town Village City Madusin	11/15/2011	Email		
Sign: Jenny Hully	city: Madison zip: 53719	(Municipality Name)	(Month) (Day) (Year)	Phone ()		
5. Kim Ebert	Street: 1484 Ravenoules Tr.	Ø Town □ Village □ City	11 /15/20 M	Email		
sight MW / N Overf	chy: Overson zap. 53575	(Municipality Name)	(Month) (Day) (Year)	Phone U		
	Certification of Circulator	0. 5 -11	· /			
I, Becky Hay de, García, (Printed Name of Circulator)	(certify): I reside at <u>5115 Raymond Rd.</u> (Circulator's Resiltence – Street Name and Nu.	mber) City Of Fitch (Circulator Muni	bug cipality)	Circulators, Please include your cont		
Y	begins a such of the signatures on this paper. I know that the signars are elected	ers of the invisdiction or district represented by the	ne officeholder	Phone		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12/13(3)(a). Wij. Stats.

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(Month)

Phone
(608)
Email

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan Committee to PO Box 2569

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA			
1. Roseman Burientes- Irigoren	Street: 4742 Lafayette Da	□ Town □ Village □ City	11/15/20/]	Email			
Sign: R	city: Myselison zip: 5370S	(Municipality Name)	(Month) (Day) (Year)	()			
Print: Marie Dietrich	Street: 309 W Washington Ave	□ Town □ Village ☑ City	11/15/2011	Email			
sign: Min Will	chy: Madison zip: 53703	Madi Son (Municipality Name)	(Month) (Day) (Year)	Phone (GG)			
3. Print Susan Peckham	Street: Gold Gethydurg Dr	□ Town □ Village ■ City	1/ /15/20//	Email			
suslising tacklium	city: Madison zip: 53705	(Municipality Name)	(Mouth) (Day) (Year)	Phone ()			
4. Stanley Robinson	Street: 7002 tree Lang #F	□ Town □ Village □ City	((/(5/20 <u>/(</u>	Email			
Sign: Stanley Kobinson	city: MADESON Zip: 53717	(Municipality Name)	[{ // 3/20 t (Month) (Day) (Year)	Phone ()			
5. Katherine Nickols	Street: 914 Harbor House Dr. #4	Town Village	11/15/2011	Email			
sign: fatherine mike	chy: Madisan zup: 53719	(Municipality Name)	(Month) (Day) (Year)	Phone ()			
Certification of Circulator							
I, Becky Hay de, García, (certify): I reside at 5115 Raymond Rd. City of Fitch burg							

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Page No. (Official Use Only)

(Circulator's Residence - Street Name and Number)

(Printed Name of Circulator)

(Month)

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(Circulator Municipality)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

Return by Ja Committee to

Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes. THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.					
NAME & SIGNATURES OF ELECTORS	NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.		DATE OF SIGNING	CONTA	
1. Print: Becky Hay de García Sign Becky Hay de Xarcía	street: 5115 Raymond Rd.	Town Village City Fitchburg (Municipality Name)		Phone ()	
2. Print: Nathan O'Shaushnessy Sign: Mosh	Street: 1107 GARFIELD ST #1 City: MACUSON Zip: 53711	□ Town □ Village ☑ City MAC\SSU (Municipality Name)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ (Year)	Phone (608)	
3. Print: Linda CHRISTEN Sign: World Caste	Street: 7405 Kenyon Dr. City: Middleton wf zip: 53562	Town Village City (Municipality Name)	11 /15/2011 (Month) (Day) (Year)	Phone ()	
4. Print: Kayla M. Wilke Sign: Kylall. Wilke	Street: 613 Clemons Av. #2	Town Village City (Municipality Name)	11 /13/2011 (Month) (Day) (Year)	Email Www.eye Phone	
5. Print: Dineen Seymour-Nohn Sign: Oalla	Street: 14 Sunter Ct. City: Wadison zip: WI- 9376	Town Village City MELYSON (Municipality Name)		Email ASEY MOV Phone (UOB)	
(Printed Name of Circulator)	Certification of Circulator certify): I reside at 5115 Ray mond Ro (Circulator's Residence - Street Name and Num	mber) (Circulator Muni		Circulators, Please include your con	
	tained each of the signatures on this paper. I know that the signers are elector			(100)	

recall petition. I am aware that falsifying this certification is punishable under S.12

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

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Article XIII, Section 12 of the Wisconsin Co	nstitution and S.9.10 of the Wisconsin Stat	tutes.	- Covernor Scott Walker Holli Ollic	be parsuant to	PO B
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Julia Eckerty	Julia Eckerly	Street: 8001 Ritz Dr. #106 City: Madison zip: 53719	Town Village Madison	11 /15/2011 (Month) (Day) (Year)	Phone (812) 3
2. Matt Anderson	Tutt al	street: 3616 Glenn Lane City: Middleton zip: 53562	Town Sivillage Middleton	11 / 1\$20 /) (Month) (Day) (Year)	matte-Ple Phone (608)
3. Joyce Gloeckler	Thorokler.	street: 305 Riverview Ct City: Partage zip. 53901	Town Utillage City POFTAGE	(Month) (Day) (Year)	Email Phone ()
4. Ray 6 beckler	Mos Ku	Street: City: Zip:	Town / Village / Village		Email Phone
5. CHANCES BNOT	CON.	Street: 5013 PRAINIC ROSE CT City: MIDDLE FOR Zip: 53565	Town Village City Town	(Month) (Day) (Year)	Email Phone
Jessica Wartenwaler	marel	street: 12 N. Butterst. #302 city: Maclison zip: S3703	Town Village Madusem	(Month) (Day) (Year)	Email Phone ()
David Haugensen	D. Harrysun	Street: 3 DZI Huminersley City: Masison zip: 53705	Town Village Mack 5000	(Month) (Day) (Year)	Email Phone
Mila Haskins	Muhaltasken	Street: Go 402 Augusta D City: Warneley WE zip: 53597	Town Village Way reckel	(Month) (Day) (Year)	Email Phone ()
Oriana Albrecht	Onara albuelt	street: GOSH University one city: Middleton 1 zip:53562	Town middleton City	(Month) (Day) (Year)	Email Phone
500 Hameiss	Swoth Kam	Street: 2981 Cah/1 Mon City: Fixed Suns W/ Zip: 537/1	Down Fiftch burg	// //5/20_// (Month) (Day) (Year)	Email Phone
11 12	Certification of		,	1. 0	
Han Kalker (Name of Circula		tify): I reside at 1430 W. Skylve (Circulator's Residence – Street name and	d Number) (Circulator)	Municipality)	Circulators , pleas
ersonally circulated this recall netition and personally obta	ained each of the cignatures on this paper. I know that d	the signers are electors of the jurisdiction or district represented by the residences given. I support this residences given. I support this residences given.		hat each person signed .13(3)(a), Wis. Stats.	Phone (

(Signature of Circulator)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Madiso THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. VOTING DATE OF SIGNING CONTA STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE PRINTED NAMES OF ELECTORS SIGNATURES OF ELECTORS (Indicate Town, City, or Village) Rural address must also include box or fire no. Email From RiDGEWAY NANCY HUNT 6672 MOON ROAD □ Village Phone ☐ City zip: 53582 City: RIDGEWAY, WI Email Town Ridgeway □ Village Street: COCO 22 Moon Road Phone Emily Hunt Enily Hunt ☐ City (Month) (Day) (Year) city: Ridgeway zip: 53582 Email 4564 Ellington Way Deborah Yoshihara Village Middleton Phone Middleton ☐ City 53562 Email **⊉**Town /4/20<u>11</u> ☐ Village Middleton Phone ☐ City (Month) (Day) (Year) Email 413 South St ☐ Town □ Village Phone City Madism Zin: 53715 Email ☐ Town

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		John M. Sula 1980	city Madison WI	zip:537/3	City Madison	(Month) (Day) (Year)	Phone ()
7.		0	Street: 550 William	Sburgway #203	D Town Village	11/15/2011	Email Phone
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1º Laura	O'Donnell	Leur O'Oomell	Street: 206 S. HIGH D	oint RD	□ Town □ Village W>DISON	11/15/2011	Email
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i, Naucy AD	odge				53705 Village		Circulators, please
I personally circulated this rec	(Name of Circularian and personally obta	ator) ined each of the signatures on this paper. I know that	(- · · · · · · · · - · · · · - · · · ·	sidence — Street name and or district represented by the		1 //	Phone
		ated opposite his or her name. I know their respective	residences given. I support this recall peti				Email
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	V	City: Madison W)	zip: 53713	To City Madison	(Month) (Day) (Year)	Phone (
9. MICHAEL	95	Street: 5986 SCH	ROBUER DE	- □ Town - □ Village	11/15/2011	Email
Wishiewski		City: MAD150~	WI zip: 53711	DRIACE A	, , ,	Phone (
10. KAREL	Harel Selved	Street: 85/1 And	enway B/valos	☐ Town ☐ Village	/ //5/20//	Email JEC/
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I, Nancy A. Dodge (Name of Circul	lator)	· · · · · · · · · · · · · · · · · · ·	Resiaence – Street name an		///ase of ShoreW Circulator Municipality)	Circula
I personally circulated this recall petition and personally obta the paper with full knowledge of its content on the date indic						
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